PE 18/10/657,820

<u>PATENT</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Ashok V. Joshi

Examiner:

Darwin P. Erezo

plicant: ... rial No.:

10/657,820

Group Art Unit:

3731

Filed:

September 8, 2003

Docket:

MIC 031103

Title:

DEVICE AND METHOD FOR WOUND THERAPY

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. § 1.97 *et. seq.*, the referenced materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicant respectfully requests that this Information Disclosure Statement be entered and the documents listed on the Form PTO/SB/08A, a substitute for Form 1449, be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicant requests that a copy of the Form PTO/SB/08A, initialed as being considered by the Examiner, be returned to the Applicant with the next official communication.

Pursuant to 37 C.F.R. §1.97(c)(2), Applicants have included the fee of \$180.00 as set forth in 37 C.F.R. §1.17(p). Please charge any additional fees or credit any overpayment to Deposit Account No. 50-3586. The Examiner is invited to contact the Applicant's Representative at the below-listed telephone number if there are any questions regarding this communication.

Pursuant to 37 C.F.R. 1.98(a)(2), Applicant believes that copies of cited U.S. Patents and Published Applications are no longer required to be provided to the Office. Notification of this change was provided in the United States Patent and Trademark Office OG Notices dated October 12, 2004. Thus, Applicant has not included copies of any US Patents or Published Applications cited with this submission. Should the Office require copies to be provided, Applicant respectfully requests that notice of such requirement be directed to Applicant's below-signed representative. Applicant acknowledges the requirement to submit copies of foreign patent documents and non-patent literature in accordance with 37 C.F.R. 1.98(a)(2).

07/06/2006 FMETEKI1 00000048 10657820

INFORMATION DISCLOSURE STATEMENT

Serial No :10/657,820

Filing Date: September 8, 2003

Title: DEVICE AND METHOD FOR WOUND THERAPY

Page 2 Dkt: MIC 031103

Respectfully submitted,

ASHOK V. JOSHI

By his Representative,

801-978-2186

Date <u>June 29, 2006</u>

David B. Fonda Reg. No. 39,672

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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Date of Deposit: June 29, 2006

The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10, on the date indicated above, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

David B. Fonda

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Substitu	te for form 1449A	РТО					
INFO	RMATION	DISCLOSU	IRE		Complete if Known		
STET	EMENT B	Y APPLICA	NT	Application Number	10/657,820		
\0 .	4065			Filing Date	September 8, 2003		
	,			First Named Inventor	Joshi, Ashok		
JUN 30				Art Unit 3731			
B .	3			Examiner Name	Erezo, Darwin		
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Sheet	1	of	4	Attorney Docket No: MIC 031103			

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EXAMINER DATE CONSIDERED

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number e for form 1449A/PTO TRADEST FORMATION DISCLOSURE STATEMENT BY APPLICANT Complete if Known **Application Number** 10/657,820 September 8, 2003 **Filing Date First Named Inventor** Joshi, Ashok 3731 **Art Unit Examiner Name** Erezo, Darwin (Use as many sheets as necessary) Attorney Docket No: MIC 031103

Sheet

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of

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on of information unless it contains a valid OMB control number.

Substitute	e for form 1449A/I	РТО				
INFO	RMATION	DISCLOSU	RE		Complete if Known	
STAT	EMENT B	Y APPLICAN	ΝT	Application Number	10/657,820	
				Filing Date September 8, 2003		
				First Named Inventor Joshi, Ashok		
				Art Unit	3731	
				Examiner Name	Erezo, Darwin	
(C	Jse as many shee	ets as necessary)				
Sheet	3	of	4	Attorney Docket No: MIC 031103		

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		DAVYDOV, YU A. et al., "Concepts for Clinical Biological Management of the Wound Process in the Treatment of Purulent Wounds Using Vacuum Therapy", The Kremlin Papers: Perspectives in Wound Care. Russian Journal: Vestnik Khirurgii. BlueSky Publishing. La Costa, California (2004), 15-17.	
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EXAMINER

DATE CONSIDERED

PTO/SB/08a(07-05)

Approved for use through 7/31/2008 OMB 0651-0031

US Patent & Tredemark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO INFORMATION DISCLOSURE Complete if Known 10/657,820 **Application Number** STATEMENT BY APPLICANT **Filing Date** September 8, 2003 Joshi, Ashok **First Named Inventor Art Unit** 3731 **Examiner Name** Erezo, Darwin (Use as many sheets as necessary) Attorney Docket No: MIC 031103 Sheet 4 of

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EXAMINER DATE CONSIDERED

PTO/SB/17 (01-06)

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Approved for use through 07/31/2006. OMB 0651-0032

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Fees pushed to the Consolidated Appropriations Act, 2005 (H.R. 4818).

For FY 2006

✓ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 1	80.00
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	Complete if Known					
Application Number	10/657,820					
Filing Date	September 8, 2003					
First Named Inventor	Ashok V. Joshi					
Examiner Name	Darwin P. Erezo					
Art Unit	3731					
Attorney Docket No.	MIC 031103					

METHOD OF PAYMEN	METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):							
✓ Deposit Account Deposit Account Number: 50-3586 Deposit Account Name: Ceramatec, Inc./David B. Fonda							
For the above-ident	ified deposit	account, the I	Director is hereby	authorized t	o: (check all the	at apply)	
Charge fee(s) indicated b	elow		Char	ge fee(s) indica	ated below, exce	ept for the filing fee
Charge any a	idditional fee	(s) or underp	ayments of fee(s		lit anv overpavi	·	
under 37 CFI WARNING: Information on thi			Credit card inform		,		vide credit card
information and authorization			orean cara inform		not be included		vide credit card
FEE CALCULATION (A	II the fees	below are	due upon filin	g or may be	e subject to a	a surcharge.)	
1. BASIC FILING, SEAF							
	FILING	FEES Small Entity	SEARCH	I FEES mall Entity		TION FEES mall Entity	
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	ES						Small Entity
<u>Fee Description</u> Each claim over 20 (inaludina E	Paisauga)				Fee (\$) 50	<u>Fee (\$)</u> 25
Each independent cla			eiccuec)			200	100
Multiple dependent of		(illelading iv	cissues)			360	180
Total Claims	Extra Clair	ms Fee	(\$) Fee Pa	aid (\$)		Multiple Dep	endent Claims
0 - 20 or HP =			25.00 =	0.00		Fee (\$)	Fee Paid (\$)
HP = highest number of tota Indep. Claims	l claims paid for Extra Clair	. •		id (\$)		0.00	0.00
0 - 3 or HP =							
· ·	HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> - 100 =	Extra She	<u>ets</u> / 50 =			whole number		<u>Fee Paid (\$)</u>
4. OTHER FEE(S)	 						Foos Baid (\$)
Non-English Specifi	cation, \$	130 fee (no :	small entity dis	count)			Fees Paid (\$)
Other (e.g., late filin	g surcharge	e): 37 C.F.R. §	1.17(p)				180.00

SUBMITTED BY						
Signature	Outh	Registration No. 39,672 (Attorney/Agent)	Telephone 801-978-2186			
Name (Print/Type)	David B. Fonda		Date June 29, 2006			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.